



UNIVERSITY IMMUNIZATION ASSESSMENT

State Form 52618 (R/3-08)

Name of University: _____

Number of Enrolled That Are Covered

By Institution's Immunization Policy*: _____

REPORT DUE AT INDIANA STATE DEPARTMENT OF HEALTH BY _____

	Measles	Mumps	Rubella	Tetanus	Diphtheria
A. Number of Students with Complete Vaccine Record					
B. Number of Students with Disease History					
C. Number of Students with Documented Laboratory Immunity					
D. Number of Students Born Before January 1, 1957					
E. Number of Students with Medical Exemptions					
F. Number of Students with Religious Exemptions					

G. Number of students excluded during the current school year for failing to comply with State immunization policy: _____
(IC 21-40-5-7, Section b)

Person Completing Form: _____ Telephone _____

Signature of Official From
Designated Recordkeeping: _____ Telephone _____
Office

Please mail or fax report by **MAY 15, 2009** to: Immunization Program
2 North Meridian Street, Section 6A-22
Indianapolis, IN 46204
Attn: Assessment Epidemiologist
Fax: (317) 233-3719

* **Please attach your institution's current immunization policy.** IC 21-40-1-9 defines a student as "an individual who for the first time: (1) physically attends classes at a postsecondary institution; and (2) is enrolled in a postsecondary institution as a full-time student (as defined by 585 IAC 1-9-1(27))." Students defined as above must be included in this report upon the commencement of their first term. If other students are covered in the institution's immunization policy, they may be reported on this form also.

NOTE: Continuing students appearing in the present year assessment must be evaluated each year for immunization completion status.